



YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <i>Confidential Client information</i>
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <i>Annual Report ledger</i>
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed? <i>Request for COM attached</i>
X		j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                 |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.    |
| b. Statute of limitation | _____ years. | e. Administrative need            | <u>7</u> years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | <u>3</u> years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Based on previous reference experience, Patient Accounts need files for a 7 year period.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Monthly Patient Payment Summary

- Destroy upon receipt and verification of next monthly report.

Annual Patient Payment Summary

- Cut-off file at the end of the fiscal year, hold in current files area for 2 years; then transfer to the State Records Center, hold 5 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Bever Breuster</i>	6-24-76	<i>Will J. m. P. ...</i>	6-25-76
State Records Committee (Signature) Date			
State Auditor/Designee	<i>[Signature]</i>		7-1-76
Secretary of State/Designee	<i>Carroll Hart</i>		6-30-76
Attorney General/Designee	<i>[Signature]</i>		7-2-76

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)